#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

In Re:	)	19-21088
Collette Anderson,	)	Chapter 13
<b>D</b> 14 ()	)	Judge Barnes
Debtor(s).	)	

#### **NOTICE OF MOTION**

### To the following persons or entities who were served via email by the Bankruptcy Court:

U.S. Trustee: USTPRegion11.ES.ECF@usdoj.gov Marilyn Marshall, Ch. 13 Trustee: courtdocs@chi13.com

<u>To the following persons or entities who were served via regular U.S. Mail:</u> See attached service list.

Please take notice that I shall appear before the following named Bankruptcy Judge, or any other Judge presiding in his stead, at 219 South Dearborn Street, Chicago, Illinois, in the following courtroom (or any other place posted), and present the attached **Motion to Extend the Automatic Stay**, at which time and place you may appear:

JUDGE:

Barnes

ROOM:

744

DATE:

August 8, 2019

TIME:

9:30 a.m.

/s/ David M. Siegel
David M. Siegel, A.R.D.C. #6207611
Attorney for the Debtor(s)

#### PROOF OF SERVICE

The undersigned does hereby certify that copies of this Notice and attachments were served to the above persons or entities, if service by mail was indicated above, by depositing same in the U.S. Mail at Wheeling, Illinois 60090, before 5:00 p.m. on July 31, 2019 with proper postage prepaid, unless a copy was provided electronically by the Bankruptcy Court.

/s/ David M. Siegel
David M. Siegel, A.R.D.C. #6207611
Attorney for the Debtor(s)

DAVID M. SIEGEL & ASSOCIATES 790 Chaddick Drive Wheeling, IL 60090 847/520-8100 Case 19-21088 Doc 11 Filed 07/31/19 Entered 07/31/19 08:54:24 Desc Main Document Page 2 of 15

Collette Anderson 18400 Torrence, Apt 5 Lansing, IL 60438

American Medical Response PO Box 15339 Portland, OR 97293-5339

American Profit Recove 34505 W 12 Mile Rd Ste 3 Farmington Hills, MI 48331

Arnold Scott Harris, P.C. 111 W. Jackson Blvd. Ste. 600 Chicago, IL 60604-4135

Bay Area Credit Service Bankruptcy Dept. 1901 W 10th Street Antioch, CA 94509-1380

CB/Roomplace PO Box 182789 Columbus, OH 43218-2789

CEP America 2100 Powell Emeryville, CA 94608

City of Chicago Dept. of Revenue Camera Enforcement Violation PO Box 88292 Chicago, IL 60680-1292

City of Chicago Parking Department of Finance P. O. Box 6330 Chicago, IL 60680

Comenity Bank Bankruptcy Department PO Box 182125 Columbus, OH 43218-2125

Dept Of Ed/582/nelnet Po Box 82561 Lincoln, NE 68501

FINGERHUT/WEBBANK 6250 Ridgewood Rd. Saint Cloud, MN 56303-0820 Gerber Collision Glass 16100 Suntone Dr South Holland, IL 60473

Illinois Department of Human Service Cash Management Unit PO Box 19407 Springfield, IL 62794-9407

Illinois Tollway PO Box 5544 Chicago, IL 60680

Municipal Collection Services PO Box 666 Lansing, IL 60438

Portfolio Recov Assoc 120 Corporate Blvd Ste 1 Norfolk, VA 23502

Secretary of State Attn: Bankruptcy Department PO Box 7848 Madison, WI 53707

Stanislaus Credit Control 914 14th St., POB 480 Modesto, CA 95354

SYNCB/NTWK PO Box 965036 Orlando, FL 32896

SYNCB/WALMART PO Box 965024 Orlando, FL 32896-5024

The Illinois Tollway 2700 West Ogden Avenue Downers Grove, IL 60515-1703

Toyota Motor Credit 111 W 22nd St Oakbrook, IL 60521

Us Auto Fin 824 N. Market Street Wilmington, DE 19801 Case 19-21088 Doc 11 Filed 07/31/19 Entered 07/31/19 08:54:24 Desc Main Document Page 3 of 15

Village of Hazel Crest Photo Enforc Dept. 0125 PO Box 5905 Carol Stream, IL 60197-5905

Village of Matteson Police Department 20500 S Cicero Ave Matteson, IL 60443

Wakefield & Associates, Inc. PO Box 50250 Knoxville, TN 37950-0250

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

In Re:	)	19-21088
	)	
Collette Anderson,	)	Chapter 13
	)	
	)	Judge Barnes
Debtor(s).	)	

#### MOTION TO EXTEND THE AUTOMATIC STAY

NOW COMES the Debtor, by and through the attorneys, DAVID M. SIEGEL & ASSOCIATES, and in support of the Motion, states as follows:

- 1. Jurisdiction is proper and venue is fixed in this Court with respect to these parties.
- 2. On July 29, 2019 the Debtor filed a voluntary petition for relief pursuant to Chapter 13 under Title 11 USC, and the hearing on confirmation is set for September 19, 2019.
  - 3. Marilyn Marshall was appointed Trustee in this case.
- 4. That Debtor had a prior pending bankruptcy (Case#19-00723) within one year preceding the filing of this case that was dismissed other than under §707(b).
- 5. That Debtor has filed the present case in good faith and there has been a change in circumstances since the previous case.
- 6. That the aforementioned case was dismissed due to poor communication with prior legal representation.
- 7. That the Debtor has hired a new law firm and will be able to make Chapter 13 plan payments which is evidenced by a signed Affidavit and Schedule I and J for the present case and the most recent prior case (See Attached Exhibit A).
- 8. That Debtor requests pursuant to §362(c)(3) that the automatic stay be extended as to any and all creditors.

9. That this request to extend the automatic stay is made in good faith, without the intent to defraud creditors, and proper notice has been had on all necessary parties.

WHEREFORE, Debtor respectfully requests that this honorable court grant Debtor's Motion to Extend the Automatic Stay.

Respectfully Submitted,

/s/ David M. Siegel
David M. Siegel, A.R.D.C. #6207611
Attorney for Debtor(s)

DAVID M. SIEGEL & ASSOCIATES 790 Chaddick Drive Wheeling, IL 60090 (847) 520-8100

## **EXHIBIT**

A

# Case 19-21088 Doc 11 Filed 07/31/19 Entered 07/31/19 08:54:24 Desc Main UNITED STATES BANKS OP TO VOICE NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In Re:	) Case No: 19-2108	ઇ
Collette Anderson	) Chapter 13	
Debtor(s).	) Judge: Bacnes	

#### **AFFIDAVIT**

The Debtor, <u>Collette Anderson</u>, in the above captioned case, under penalty of perjury, states as follows:

- 1. That I, **Collette Anderson**, am the debtor in the above-referenced case, and have knowledge of the facts contained within this affidavit.
- 2. That I filed one previous Chapter 13 case, Case # 19-00723, which was dismissed on May 16, 2019.
- 3. That the most recent case was dismissed due to poor communication with prior legal representation.
- 4. That I have now hired a different law firm and I am more prepared for the Chapter 13 requirements.
- 5. That this current Chapter 13 case was filed in good faith, with the intention of repaying my creditors.

By signing this statement, we declare under penalty of perjury that all of the information contained herein is true and accurate, and acknowledge that the Court may rely on the truth of this statement in determining whether to extend the bankruptcy stay for the above Chapter 13 case. I understand the Court may revoke confirmation of the Chapter 13 Plan if the statements relied upon are not accurate.

Signed: Collette Anderson

Date: 6/15/19

Prepared By: DAVID M. SIEGEL & ASSOCIATES 790 Chaddick Drive Wheeling, IL 60090 847/520-8100 SUBSCRIBED AND SWORN to before me this \_\_\_\_\_\_ day of

NOTARY PUBLIC

OFFICIAL SEAL SUSAN B. WAGNER Notary Public - State of Illinois My Commission Expires 5/10/2021 Case 19-21088 Doc 11 Filed 07/31/19 Entered 07/31/19 08:54:24 Desc Main Document Page 8 of 15

EHI	in this information to identify your c								
De	btor 1 Collette And	derson							
	btor 2 ouse, if filing)				$- \mid$				
Un	ited States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS		_				
Ca	se number 19-21088					Check if this is	:		
(If k	nown)	- 1974 to 1974 to	-			☐ An amende	ed filing		
_					J	A supplem 13 income		ng postpetition following date:	chapter
<u>O</u>	fficial Form 106I					MM / DD/ \	YYYY		
S	chedule I: Your Inc	ome							12/15
spc atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment	ır spouse is not filing w	ith you, do not inclu	ide infor	matio	about your spe	ouse. If m	ore space is:	needed.
1.	Fill in your employment information.		Debtor 1			Debtor	2 or non-f	iling spouse	
	If you have more than one job,	Empleyment status	■ Employed			☐ Employed			
	attach a separate page with information about additional employers.	Employment status	☐ Not employed			☐ Not employed			
		Occupation	Teacher	<del></del>					
	Include part-time, seasonal, or self-employed work.	Employer's name	Children Home	Center					
	Occupation may include student or homemaker, if it applies.	Employer's address	1652 Dolton roa Calumet City, IL						
		How long employed t	here? <u>7/1/19</u>	TT 1000 H			Juniu		
Pai	rt 2: Give Details About Mor	othly Income							
spo If yo	imate monthly income as of the dause unless you are separated.  ou or your non-filing spouse have more space, attach a separate sheet to	ore than one employer, co			employ		on on the li	ines below. If y	_
2.	List monthly gross wages, salar deductions). If not paid monthly, o	ry, and commissions (becalculate what the month)	efore all payroll y wage would be.	2.	\$ _	2,400.00	\$	ing spouse N/A	
3.	Estimate and list monthly overti	ime pay.		3.	+\$_	0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	2,400.00	\$	N/A	

Deb	otor 1	Collette Anderson	_	C	Case n	umber (if known)	19-2	1088		1-20000-000
	Cop	y line 4 here	4.		For E	Debtor 1 2,400.00		Debtor -filing s		
5.	List	all payroll deductions:								
	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify:	5a 5b 5c 5d 5e 5f. 5g 5h	).  -  .  -	\$ \$ \$ \$ \$	600.00 0.00 0.00 0.00 0.00 0.00 0.00	\$ \$ \$ \$ + \$		N/A N/A N/A N/A N/A N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	600.00	\$		N/A	<u>.                                    </u>
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	1,800.00	\$		N/A	<u>.</u>
8.	8b. 8c. 8d. 8e. 8f.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Snap  Pension or retirement income  Other monthly income. Specify:	8c 8d 8e	i. i. i.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 796.00 172.00 0.00	\$ \$ \$ \$ +		N/A N/A N/A N/A N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	, , , , , , , , , , , , , , , , , , , ,	968.00	\$		N/.	_
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_	2	768.00 + \$		N/A	= \$	2,768.00
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a cify:	depe				·	Schedule 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies						12.	\$	2,768.00
13.	Do y	you expect an increase or decrease within the year after you file this form?  No.	?							ly income

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FI	in this information to identify your case:				
Del	btor 1 Collette Anderson	<u> </u>	Che	eck if this is:	
Del	btor 2		_	An amended filing	ving postpetition chapter
	oouse, if filing)		u	13 expenses as of	
Uni	ited States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLING	DIS		MM / DD / YYYY	
Cas	se number 19-21088				
(If k	known)				
$\cap$	fficial Form 106J	····			
	chedule J: Your Expenses				12/1:
Be	as complete and accurate as possible. If two married people are formation. If more space is needed, attach another sheet to this finber (if known). Answer every question.	e filing together, bo form. On the top of	th are equality	ually responsible fo ional pages, write y	or supplying correct
Ра 1.	rt 1: Describe Your Household Is this a joint case?				
••	■ No. Go to line 2.				
	☐ Yes. Does Debtor 2 live in a separate household?				
	☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i>	for Separate Housel	<i>hold</i> of Del	btor 2.	
2.	Do you have dependents? ■ No				
	Do not list Debtor 1 and  Yes. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the	) 4 (1 kg/m) (1 kg/m) (2 kg/m)	HARLOCK		□ No
	dependents names.				☐ Yes
					□ No □ Yes
					□ No
					☐ Yes
					□ No □ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?				LI Tes
	<u> </u>				
Es	tt 2: Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless your expenses as of a date after the bankruptcy is filed. If this is a suppliplicable date.	ou are using this fo lemental Schedule	rm as a s <i>J</i> , check t	upplement in a Cha the box at the top o	pter 13 case to report f the form and fill in the
				2/00	
the	clude expenses paid for with non-cash government assistance if a value of such assistance and have included it on Schedule I: You fificial Form 106I.)			Your exp	enses
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgage	4.	\$	595.00
	If not included in line 4:				-
	4a. Real estate taxes		4a.	\$	0.00
	4b. Property, homeowner's, or renter's insurance		4a. 4b.		0.00
	4c. Home maintenance, repair, and upkeep expenses		4c.	\$	0.00
_	4d. Homeowner's association or condominium dues		4d.	·	0.00
5.	Additional mortgage payments for your residence, such as hor	ne equity loans	5.	<b>P</b>	0.00

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Deb	otor 1 Collette Anderson Case number		nber (if known)	19-21088	
6.	Utilit	ies:			
	6a.	Electricity, heat, natural gas	6a.	\$	200.00
	6b.	Water, sewer, garbage collection	6b.	\$	0.00
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	253.00
	6d.	Other. Specify:	6d.	\$	0.00
7.	Food	and housekeeping supplies	7.	\$	400.00
8.		care and children's education costs	8.	\$	0.00
9.		ing, laundry, and dry cleaning	9.	\$	163.00
10.		onal care products and services	10.	\$	164.00
		cal and dental expenses	11.	\$	55.00
12.	Trans	sportation. Include gas, maintenance, bus or train fare.			
	Do no	ot include car payments.	12.	\$	325.00
13.	Ente	tainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
14.	Char	itable contributions and religious donations	14.	\$	0.00
15.	Insur				
		ot include insurance deducted from your pay or included in lines 4 or 20.		_	
		Life insurance	15a.		0.00
		Health insurance	15b.	\$	0.00
		Vehicle insurance	15c.	\$	125.00
		Other insurance. Specify:	15d.	\$	0.00
16.		s. Do not include taxes deducted from your pay or included in lines 4 or 20.		_	
4	Speci		16.	\$	0.00
17.		Ilment or lease payments:	47-	•	
		Car payments for Vehicle 1	17a.		0.00
		Car payments for Vehicle 2		· ·	0.00
		Other Specify: Furniture monthly payment	17c.	\$	38.00
40		Other. Specify:	17d.	\$	0.00
18.	dodu	payments of alimony, maintenance, and support that you did not report as cted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19		r payments you make to support others who do not live with you.	10.	\$	0.00
	Speci	The state of the s	19.	Ψ	0.00
20.		r real property expenses not included in lines 4 or 5 of this form or on <i>Sche</i>		our Income	
		Mortgages on other property	20a.		0.00
		Real estate taxes	20b.		0.00
	20c.	Property, homeowner's, or renter's insurance	20c.		0.00
		Maintenance, repair, and upkeep expenses	20d.		0.00
		Homeowner's association or condominium dues	20e.	\$	0.00
21.	Other	: Specify:	21.	+\$	0.00
				r. <b>-</b>	0.00
22.		late your monthly expenses			
		Add lines 4 through 21.		\$	2,318.00
	22b. (	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c. /	Add line 22a and 22b. The result is your monthly expenses.		\$	2,318.00
22	Color	data valus mantible not income			
25.		late your monthly net income.  Copy line 12 (your combined monthly income) from Schedule I.	23a.	¢	0.700.00
		Copy your monthly expenses from line 22c above.			2,768.00
	230.	copy your monthly expenses from the 220 above.	23b.	-⊅	2,318.00
	23c	Subtract your monthly expenses from your monthly income.			
	200.	The result is your monthly net income.	23c.	\$	450.00
		The second part manny normalism.			
24.	Do yo	ou expect an increase or decrease in your expenses within the year after yo	u file this	form?	
	For ex	ample, do you expect to finish paying for your car loan within the year or do you expect your	mortgage	payment to incre	ase or decrease because of a
		cation to the terms of your mortgage?			
	■ No		•		<u> </u>
	$\square \vee_{c}$	Explain here:			

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Fill	in this information to	o identify your c	ase:							
	btor 1		lerson-Tillman							
	btor 2 ouse, if filing)					_				
Un	ited States Bankrup	tcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS						
	se number nown)			-			heck if this is:  An amende  A supplement	ed filing	g postpetitior	n chapter
$\cap$	fficial Form	1061							ollowing date	
	chedule I: `		ome				MM / DD/ Y	YYY		12/15
sup spo atta	plying correct info use. If you are sep ch a separate shee	rmation. If you arated and you et to this form.	sible. If two married pec are married and not fili r spouse is not filing w On the top of any additi	ng jointly, and your s ith you, do not includ	spouse de infor	is living w mation ab	ith you, incl out your spo	ude inforn ouse. If mo	nation about ore space is	t your needed.
1.	rt 1: Describe	Employment	VIII. 1				VI (25			
١.	information.	oyinent.		Debtor 1			Debtor 2	or non-fi	ling spouse	
	If you have more t		Employment status	☐ Employed —	☐ Emple	•				
	attach a separate page with information about additional employers.		_	Not employed			☐ Not e	mployed		
	Include part-time,	seasonal, or	Occupation	Unemployed						
	self-employed wor	rk.	Employer's name				<del></del>			
	Occupation may in or homemaker, if i	nclude student it applies.	Employer's address							
			How long employed to	here?						
Pai	t 2: Give Det	ails About Mon	thly Income	·	<del></del>					
E <b>sti</b> spou	mate monthly inco	me as of the daseparated.	ate you file this form. If	you have nothing to re	port for	any line, w	vrite \$0 in the	space. Inc	clude your no	n-filing
If yo	u or your non-filing s e space, attach a se	spouse have mo	ore than one employer, co	ombine the information	for all e	employers	for that perso	n on the lir	nes below. If	you need
						2	Debtor 1	68.6	otor 2 or ng spouse	
2.			ry, and commissions (be calculate what the monthl		2.	\$	0.00	\$	N/A	
3.	Estimate and list	monthly overti	me pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross I	ncome. Add lin	e 2 + line 3.		4.	\$	0.00	\$	N/A	

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Debt	tor 1	Collette Anderson-Tillman	_		Case r	number (if	known)				
					For	Debtor 1			or Debtor : on-filing s		
	Cop	by line 4 here	4.		\$	i ii	0.00	\$		N/A	
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	58	a.	\$		0.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b	).	\$		0.00	\$		N/A	
	5c.	Voluntary contributions for retirement plans	50	<b>;</b> .	\$		0.00	\$		N/A	
	5d.	Required repayments of retirement fund loans	50	i.	\$		0.00	\$		N/A	
	5e.	Insurance	5e	<del>)</del> .	\$		0.00	\$		N/A	
	5f.	Domestic support obligations	5f.		\$		0.00	\$		N/A	
	5g.	Union dues	59		\$		0.00	\$		N/A	
	5h.	Other deductions. Specify:	5h	1.+	\$		0.00	+ \$		N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		<b>\$</b>		0.00	\$		N/A	
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$		0.00	\$		N/A	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total									
		monthly net income.	8a		\$		0.00	\$		N/A	
	8b.	Interest and dividends	8b	).	\$		0.00	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce									
		settlement, and property settlement.	80	<b>:</b> .	\$		0.00	\$		N/A	
	8d.	Unemployment compensation	8d	i.	\$		0.00	\$		N/A	
	8e.	Social Security	8e	<del>)</del> .	\$	79	8.00	\$		N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Unemployment	e 8f.	•	\$	78	0.00	\$		N/A	
		Food Stamps			\$	17	3.00	\$		N/A	
	8g.	Pension or retirement income	8g	ı.	<u>\$</u> —		0.00	\$		N/A	
	8h.	Other monthly income. Specify:	_ 8h	1.+	\$			+ \$		N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	1,75	1.00	\$		N/A	
10	Calc	culate monthly income. Add line 7 + line 9.	10.	\$		754.00	+ \$		NIA	= \$	4 754 00
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_	1	,751.00	T   J		N/A	=   \$	1,751.00
			. L				_				
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your refriends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:	depe		•	•		•			0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies							12.	\$	1,751.00
13.	Do y	ou expect an increase or decrease within the year after you file this form	?							monthly	
		No. Yes. Explain:									
	_										

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Fill	I in this information to identify your case:				
Deb	btor 1 Collette Anderson-Tillman		Chec	k if this is:	
Deb	btor 2			An amended filing	ving postpetition chapter
	pouse, if filing)			13 expenses as of	
Uni	ited States Bankruptcy Court for the: NORTHERN DISTRICT OF ILL	INOIS	-	MM / DD / YYYY	
	se numberknown)				
0	official Form 106J				
	chedule J: Your Expenses				12/1
info	e as complete and accurate as possible. If two married people formation. If more space is needed, attach another sheet to the imber (if known). Answer every question.	are filing together, bo is form. On the top of	th are equa any additio	ally responsible fo onal pages, write y	r supplying correct our name and case
Par 1.	rt 1: Describe Your Household Is this a joint case?	70. F111.			
	■ No. Go to line 2.				
	☐ Yes. Does Debtor 2 live in a separate household?				
	☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expens</i>	ses for Separate Houset	nold of Debi	or 2.	
2.	Do you have dependents? ■ No				
	Do not list Debtor 1 and Debtor 2.  Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not state the	· · · · · · · · · · · · · · · · · · ·	enito edito scholore		□ No
	dependents names.			•	□ Yes
					□ No □ Yes
		· · · · · · · · · · · · · · · · · · ·	*****		□ No
					☐ Yes
					□ No
3.	Do your expenses include expenses of people other than yourself and your dependents?				☐ Yes
Par	tt 2: Estimate Your Ongoing Monthly Expenses				
Est exp	timate your expenses as of your bankruptcy filing date unless penses as of a date after the bankruptcy is filed. If this is a su plicable date.	s you are using this for pplemental <i>Schedule</i> .	rm as a su J, check th	pplement in a Cha e box at the top of	pter 13 case to report the form and fill in the
	clude expenses paid for with non-cash government assistance		4		
	e value of such assistance and have included it on <i>Schedule I.</i> fficial Form 106l.)	: Your Income		Your expe	nses
4.	The rental or home ownership expenses for your residence payments and any rent for the ground or lot.	. Include first mortgage	4. \$		600.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	Home maintenance, repair, and upkeep expenses     Homeowner's association or condominium dues		4c. \$ 4d. \$		0.00
5.	Additional mortgage payments for your residence, such as i	home equity loans	4a. \$ 5. \$		0.00

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Deb	otor 1 <u>Co</u>	lette	Anderson-Tillman	Case nu	ımi	ber (if known)	
6.	Utilities:						
	6a. Ele	ectricity,	heat, natural gas	68	a.	\$	40.00
	6b. Wa	ater, sev	wer, garbage collection	61	o.	\$	0.00
	6c. Tel	lephone	e, cell phone, Internet, satellite, and cable service	s 60	c.	\$	168.00
	6d. Oth	her. Spe	ecify:	60	d.	\$	0.00
7.	Food and	d house	ekeeping supplies	7	7.	\$	250.00
8.	Childcard	e and c	children's education costs	8	В.	\$	0.00
9.	Clothing,	, laund	ry, and dry cleaning	9	9.	\$	50.00
10.	Personal	l care p	products and services	10	٥.	\$	20.00
11.	Medical a	and de	ntal expenses	11	1.	\$	10.00
12.	Transpor	rtation.	Include gas, maintenance, bus or train fare.				
	Do not inc	clude ca	ar payments.	12	2.	\$	50.00
			clubs, recreation, newspapers, magazines, ar	nd books 13	3.	\$	0.00
14.	Charitabl	le cont	ributions and religious donations	14	4.	\$	0.00
15.	Insuranc						_
			surance deducted from your pay or included in li				
	15a. Life			158			0.00
	15b. Hea			15b		·	0.00
	15c. Vel			150		**	108.00
			rance. Specify:	150	d.	\$	0.00
16.		o not in	clude taxes deducted from your pay or included		_		
47	Specify:			16	Ó.	\$	0.00
17.			ease payments:	47-		•	
			ents for Vehicle 1	178		·	325.00
			ents for Vehicle 2	176		·	0.00
	17c. Oth		·	170		·	0.00
40	17d. Oth			170	1.	\$	0.00
18.	doducted	ments	of alimony, maintenance, and support that yo your pay on line 5, Schedule I, Your Income (0	ou did not report as	3.	\$	0.00
19	Other nav	vments	s you make to support others who do not live	with you	٠.	\$	0.00
	Specify:	ymome	you make to support others who do not hive	with you. 19		Ψ	0.00
20.		al prope	erty expenses not included in lines 4 or 5 of the			ur Income	
			on other property	208			0.00
	20b. Rea		, , -	201		·	0.00
			nomeowner's, or renter's insurance	200		·	0.00
			ce, repair, and upkeep expenses	200		•	0.00
			er's association or condominium dues	206		· -	0.00
21	Other: Sp			21		+\$	0.00
	•	•			٠. ۱	- Ψ	0.00
22.			monthly expenses				
			through 21.			\$	1,621.00
	22b. Copy	y line 22	2 (monthly expenses for Debtor 2), if any, from O	fficial Form 106J-2		\$	
	22c. Add l	line 22a	a and 22b. The result is your monthly expenses.			\$	1,621.00
22	Calaulata				Į		
23.	Calculate	your r	nonthly net income.	de l		•	4 == 4 00
			12 (your combined monthly income) from Schedu				1,751.00
	23b. Cop	py your	monthly expenses from line 22c above.	235	).	-\$	1,621.00
	220 Suk	htroot w	our monthly expenses from your monthly income		ſ		
	Zoc. Out	oliaci yi > resulf	is your <i>monthly net income</i> .	23d	s.	\$	130.00
	1110	. result	to your monuny normoune.	200	L	<u> </u>	
24.	Do you e	xpect a	an increase or decrease in your expenses with	nin the year after you file th	is	form?	
	For exampl	le, do yo	u expect to finish paying for your car loan within the yea				ase or decrease because of a
	_	n to the	terms of your mortgage?				
	No.						
	Yes.		Explain here:				
			· · · · · · · · · · · · · · · · · · ·				